Appl. No. 09/710,227 Reply to Office Action of March 10, 2005 Attorney Docket No. 16790-6411 (66790/6411)

Remarks:

Responsive to the March 10, 2005 Requirement For Additional Information, the Applicant hereby submits that:

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- 1. The Health Resources U.S.A. L.L.C. pamphlet (hereinafter "the pamphlet") disclosed with the August 21, 2001 IDS was generated approximately one (1) month before the filing date of the application (November 10, 2000).
- 2. The pamphlet was not published before the filing date of the application. Accordingly, no applicable publication date exists.
- 3. No known publications, brochures, manuals, or press releases exist that describe the Health Resources U.S.A., L.L.C. as described by the pamphlet and that were generated before the filing date of November 10, 2000.
- 4. Notwithstanding Item 3, the Applicant notes that the August 21, 2001 Information Disclosure Statement disclosed three letters between Health Resources U.S.A., LLC and the Drug Enforcement Program ("DEA") at items AC, AD, and AE.
- 5. An Application for Registration to the DEA that may be potentially relevant to the subject application and entitled Application For Registration by Health Resources U.S.A. LLC. on May 5, 2000 is attached.
- 6. Further to Item 5, a DEA official visited Health Resources U.S.A., LLC circa June 2000 to discuss the application of Item 5.
- 7. A Drug Distributor License Application to the State of Missouri and by Health Resources U.S.A. LLC dated April 25, 2001 is attached.

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Appl. No. 09/710,227 Reply to Office Action of March 10, 2005 Attorney Docket No. 16790-6411 (66790/6411)

- 8. A Drug Distributor (Certificate/License from the State of Missouri issued to Health Resources U.S.A. LLC on June 30, 2001 is also attached.
- 9. No products or services that were the subject of the pamphlet were marketed or developed before November 10, 2000.

The Applicant believes that all of the required information has been supplied. It is also understand that the fee and certification requirements under 37 C.F.R. § 1.97 have been waived for the documents submitted herewith.

If the Examiner believes, for any reason, that personal communication will expedite prosecution of this application, he is invited to telephone the undersigned at the number provided. Favorable action is respectfully requested.

Respectfully submitted,

Robert L. Villhard

Reg. No. 53,725 Thompson Coburn LLP

One US Bank Plaza

St. Louis, Missouri 63101

(314) 552-6000

(314) 552-7000 (fax)

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8. DRUG CODE NUMBERS must coincide with the schedules requested. Listed below are the Drug Code requirements for each business activity: Analytical Lab - Not required to list drug codes Researcher - Schedule I and It (See Item 1, Researcher on bishuction - Schedule I and It (See Item 1, Researcher on bishuction - Schedule I and It with you propose to "Manufacture is defined against it sequenced, use a separate after and return with application. Exponer - Schedule I bru y	each business activity: pricants MUST Circle Below those "Basic Classes" of controlled se a separate sheet and return with application.
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PEON INSTI	RETURN COMPLETED APPLICATION WITH FEE IN ATTACHED ENVELOPE
Signature of Certifying Official (other than applicant) Cate	MAKE CHECK OR MONEY ORDER PAYARI E TO:
Ewing B. Gourley, CEO	DRUG ENFORCEMENT ADMÍNISTRATION
st be an original signat	UNITED STATES DEPARTMENT OF JUSTICE
Signature Ewing B. Contley, CEO May 5, 2000	CENTRAL STATION CENTRAL STATION P.O. BOX 28083
I hereby certify that the foregoing information furnished on this application is true and correct. By 100 B. Gourtey, CEO	WASHINGTON, D.C. 2003B-8083
Chief Operating Officer (CEO)	For information, call 1 (800) 862-9539
resident, Dea	see "Fmacy Act" information on last page of application.
DEA Form 225 (Nov. 1999) MAKE A COPY FOR YOUR RECORDS	



SEINO. () 944:TED P. 5:ATION TO: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MISSOURI 65102-0625 (573) 751-0091

DRUG DISTRIBUTOR LICENSE APPLICATION AND/OR CHANGE OF OWNERSHIP

INSTRUCTIONS	PLEASE COMPL	ETE ALL QUESTIONS		FOR OFFICE USE ONLY		
If you handle controlled and a copy of your stat Completed fingerprint in Missouri.	swritten. O (all fees are non-refundable substances, you must attact te controlled substance regis cards and fee of \$36.00 if the py of your current state whole	a copy of your DEA controlle tration a Manager in Charge is not i	icensed as a pharmacist	DATE TO VEHICLE TO THE TOTAL TO THE T		
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2. APPLICANT NAME (CORPOR	RATION, PARTNERSHIP, INDIVID	DUAL OWNERSHIP)				
Health Resources USA, L.L.C.						
3. APPLICANT ADDRESS (STRI	EET, CITY, STATE, ZIP CODE)					
1505 East Traffic		d, MO 65802				
4. D/B/A NAME - INDICATE NAM	ME OF DISTRIBUTION FACILITY	•		D/B/A TELEPHONE		
Health Resources				417 ₎ 869 – 5522		
5. D/B/A ADDRESS (STREET, C	ITY, STATE, ZIP CODE, COUNT	Y)				
same as above						
6. THE APPLICANT IS (CHECK	•	ability Company	RPORATION	IF A CORPORATION, INDICATE STATE OF INCORPORATION		
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7. APPLICANT WILL PLACE	CE THE FOLLOWING INC		-IN-CHARGE OF THE D	SOCIAL SECURITY NUMBER		
Ewing B. Gourley		MO PHARMACIST LIC. # (if applicable) NA	08-25-42	488-44-1598		
8. TYPE OF PRODUCTS DISTRII THUMAN PRESCRIPTION DRUGS IF YOU CHECK THE CONTROLL	□ VETERINARY PRESCRIPTION DRUGS	CONTROLLED SUBSTANCES	MEDICAL	DEVICES		
9. FACILITY IS A						
WHOLESALER	□ MANUFACTURER	REPACKAGER	□OTHER (P	LEASE SPECIFY)		
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ever: (A) Been denied,	refused, convicted, fine	ed, disciplined or had a	drug distributor/	arge associated with this license		
presently char	ense revoked for violation ged with any such violation	on or pharmacy, liquor ations, in Missouri or a	ny other state?	☐ Yes ဩ No		
(B) Been convicte felony, in Miss	ed of any felony, or pres ourl or any other state?	ently charged with the	commission of a	☐ Yes 🖾 No		
If you are presently ch has been disciplined, o	arged with or have bee explain in detail. Use se	en previously convicted eparate sheet.	of any such violations	s, explain in detail. If your license		

NAME	TITLE	ADDRESS	TELEPHONE	% OWNED	SOCIAL SECURITY NUMBER
Ewing B. Gourley	CEO	1690 S. Royal Dr.	417-882-7738	37.5	488-44-1598
		Springfield, MO 65809			
Ben E. Balden	Sales Manager	4375 E. University	417-886-4413	37.5	498-42-5630
		Springfield, MO 65809			
Fred Auger	Contract Manager	P.O. Box 590	610-420-8105	25.0	194-38-8031
		Chester Springs, PA 194	25		
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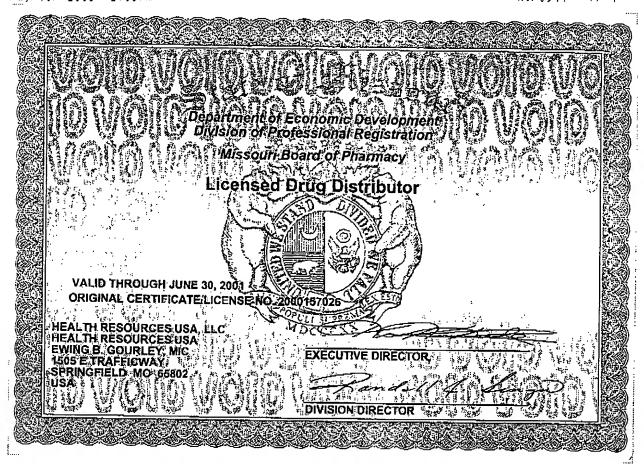
338.185 RSMo. "After the effective date of this act, notwithstanding any other provisions of the law, the Board of Pharmacy shall have access to the records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea or guilty or noto contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed."

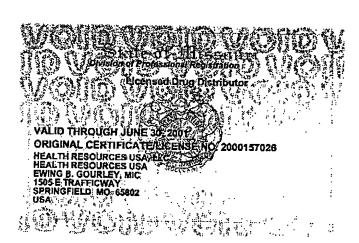
THIS SECTION MUST BE COMPLETED BY A CORPORATE OFFICER

13. Applicant promises and swears that if a license is issued, such business shall maintain a manager-in-charge and such business will be conducted and operated in full compliance with the pharmacy laws, professional ethics and all other laws of Missouri as long as continued under such license.

I do solemnly swear or affirm that I am the aforementioned applicant and that the statements and representations made in the foregoing application are true and correct. All this I affirm under penalties of perjury.

MUST BE SIGNED IN	SIGNATURE OF ADELICANT	2		
PRESENCE OF NOTARY	> Jung & Joen	Ex. C.FC)	
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	<u> </u>	COUNTY	
	Missouri		Greene	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		OZ COMO	
	25th DAY OF April	, 2000k%x	UCE DUDGETORS AND	A-SUEAT-MOS-MOSEOGW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION		ROYSTER
	1 1 4	EXPIRES		o - Notary Seal FMISSOURI
	(Nesto a Koustu)	1/22/03		or County
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		My commission e	xpires Jan 22, 2003
	Cristi A. Royster		}+++++++	*******
14. TO BE COMPLETED BY	HE MANAGER-IN-CHARGE:			
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Too soleming swear or amirm	hat I serve as the manager-in-charge of th	e business describ	ed in the foregoing app	plication, that I meet the
requirement of six (6) years e	ucation and/or experience to qualify for this	s position and that	I understand the licens	e will be issued with my
name appearing thereon as m	anager-in-charge. All this I affirm under pe	nalties of perjury.		
	·			
MUST BE SIGNED IN	SIGNATURE OF DANAGER IN BARGE			
PRESENCE OF NOTARY	- Zunt Louda	_		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY	
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•	METO O POLITA	/22/03	Notary Public	- Notary Seal
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	NOTARY PUBLIC NAME (TYPED OR PRINTED)		Webster	
	Cristi A. Royster			
15. List below the names and	addresses of any other in-state or out-of	-state facilities ow	ned by the applicant w	no also do business in
Missouri. Please provide N	issouri license number.			
NAME OF FACILITY	Y ADDRESS (STR	EET, CITY, STATE,	ZIP CODE)	LICENSE NO.
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NONE			i	
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